Foster Family Home - Corrective Action Report

Provider ID: 1-583486 **Home Name:** Annabelle Banez, CNA **Review ID:** 1-583486-8 98-183 Pahemo Street Reviewer: Maribel Nakamine Begin Date: Aiea HI 96701 6/17/2021 **Foster Family Home** [11-800-6] **Required Certificate** 6.(d)(1)Comply with all applicable requirements in this chapter; and Comment: Unannounced annual inspection for a 3 person CCFFH completed. Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/17/2021. 3 Person Fire Safety, 3 Person Fire Safety (3P) Fire **Natural Disaster** (3P)(b)(1) Fire shall be conducted monthly (3P)(b)(6) Fire shall include all SCGs at least once per year Comment: (3P)(b)(1)Fire- No monthly fire drill completed from 5/2020 thru 5/2021. (3P)(b)(6)Fire- CG#2 and CG#3 without evidence of having conducted a monthly fire drill for the past 12 months. [11-800-47] **Foster Family Home Medication and Nutrition** 47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes. Comment: 47.(c)- One medication of Client #1 was found to be more than the dose when compared to the MD's order. No adverse event form was completed and no documentation in client's progress note. **Foster Family Home** Records [11-800-54] 54.(c)(5) Medication schedule checklist; Comment: 54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2. Client #1- one lifesaving medication's label did not match the Medication Administration Record(MAR) and the doctor's order. name and MD order didn't match the MAR. Another medication didn't match the dose on the label with the MAR, unable to match medication and MAR with the written MD order couldn't be found in client's chart.

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Compliance Manager

Primary Care Giver

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